

Month 5 of pregnancy: baby movement and anatomy scan milestone



Why month 5 can feel like a major milestone

The fifth month is usually within the second trimester, a stage many people experience as a period of transition. The uterus is rising higher in the abdomen, the pregnant belly may be more visible, and fetal growth is accelerating. The baby is not simply getting larger; the nervous system, muscles, skeleton, and organs are becoming more coordinated and recognizable on ultrasound.

For many families, this is the month when pregnancy shifts from an abstract medical reality to a daily physical relationship. Feeling a movement from the inside can be deeply reassuring, but it can also create new questions: Was that the baby? Should I feel movement every day? Is it normal if my friend felt kicks earlier? These questions are common, and the answers depend on gestational age, placental location, prior pregnancies, body awareness, and individual fetal activity.

This month also often includes the anatomy scan, sometimes called the 20-week ultrasound or mid-pregnancy scan. It is one of the most detailed routine assessments in pregnancy and may bring reassurance, uncertainty, or the need for further evaluation. Going into it with realistic expectations can make the

experience less overwhelming.

Quickening: what first baby movements may feel like

The first perceived fetal movements are often called quickening. Many pregnant people notice them between 16 and 22 weeks. Those who have been pregnant before may recognize them earlier, while first-time parents may not identify them until later because the sensations can be subtle and easy to confuse with intestinal gas, muscle twitches, or digestion.

Early movement is often described as fluttering, bubbling, tapping, rolling, or a small fish-like sensation. At first, it may happen only occasionally and may not follow any obvious schedule. This inconsistency is expected in month 5 because the fetus is still relatively small, has space to move, and may be positioned in ways that make movements harder to perceive.

Several factors can influence when and how strongly you feel movement:

Placental position: An anterior placenta, located on the front wall of the uterus, can cushion movement and make kicks harder to feel early on.

First pregnancy: People in a first pregnancy may take longer to distinguish fetal movement from normal abdominal sensations.

Fetal position: Movements directed toward the back or placenta may be less noticeable than movements toward the front of the abdomen.

Activity level: You may notice movement more when resting quietly than while walking, working, or exercising.

Gestational age: Movements generally become stronger and more recognizable as the fetus grows.

It is normal to feel excited when movements begin, and it is also normal to feel anxious if they are not yet obvious. If you are around 20 to 22 weeks and have not felt anything you recognize as movement, mention it to your obstetrician, midwife, or other maternity clinician, especially if you have additional symptoms or concerns.

How fetal activity changes during the fifth month

By month 5, the fetus is increasingly active. Movements may include kicking,

stretching, rolling, turning, twisting, flexing limbs, and swallowing amniotic fluid. These actions reflect maturation of the musculoskeletal and nervous systems, although coordination is still developing. On ultrasound, the baby may appear to move frequently, even if you cannot feel every movement.

At this stage, movement is usually not yet a reliable day-to-day wellness measure in the way it becomes later in the third trimester. A fetus may move while you are asleep, while you are busy, or in positions that make movement less perceptible. Some days may feel more active than others.

That said, you can begin learning what is typical for your body and baby. Many people notice movement more after meals, when lying on the side, or in the evening. Others notice no clear pattern yet. Avoid comparing your experience too closely with someone else's pregnancy; differences are common and not automatically concerning.

Formal kick counting is often introduced later, commonly in the third trimester or when recommended by a clinician. If your care team has given you specific instructions because of a high-risk pregnancy, decreased growth, placental concerns, hypertension, diabetes, or another condition, follow their individualized plan rather than general advice.

The anatomy scan: what happens at the 20-week ultrasound

The anatomy scan is typically performed around 18 to 22 weeks, often close to 20 weeks. It is a detailed ultrasound examination that assesses fetal growth, anatomy, placental location, amniotic fluid, and sometimes cervical length depending on local protocols and clinical circumstances.

During the scan, a sonographer or clinician uses ultrasound to obtain standardized images. The exam may take longer than an early dating scan because many structures need to be visualized from specific angles. If the baby is facing away, curled up, very active, or positioned low in the pelvis, some views may be difficult to obtain. This does not necessarily mean something is wrong; it may simply mean you need additional time, a short walk, a change in position, or a repeat scan.

Commonly assessed structures include:

Brain and skull: Overall cranial shape and selected intracranial anatomy.

Face: Depending on visualization, structures such as the lips and profile may be reviewed.

Spine: Alignment and overlying skin contour are assessed as part of screening for spinal anomalies.

Heart: Cardiac position, rhythm, four-chamber view, and outflow tract views may be evaluated when possible.

Abdomen: Stomach, kidneys, bladder, abdominal wall, and cord insertion may be checked.

Limbs: Arms, legs, hands, feet, and long bone measurements are commonly reviewed.

Placenta and fluid: Placental location and amniotic fluid volume help contextualize fetal growth and pregnancy planning.

If you want to know the baby's sex, the sonographer may be able to identify external genitalia, but this depends on fetal position, gestational age, image quality, and local policy. If you do not want to know, say so before the scan begins.

What the anatomy scan can and cannot tell you

The anatomy scan is a powerful screening and assessment tool, but it has limitations. It can identify many major structural findings and can guide decisions about follow-up care, but it cannot detect every congenital condition, genetic syndrome, metabolic disorder, functional problem, or issue that develops later in pregnancy.

Sometimes the report may describe a soft marker, a measurement that is outside the expected range, limited views, or a finding requiring correlation with prior screening. Hearing this can be frightening. In many cases, follow-up imaging clarifies the situation, and some findings resolve or prove clinically insignificant. In other cases, your clinician may recommend referral to maternal-fetal medicine, fetal echocardiography, genetic counseling, additional blood testing, or diagnostic testing such as amniocentesis. These decisions are individualized and should be discussed with qualified professionals who can interpret your complete history.

It can be helpful to ask these questions if follow-up is recommended:

Was the finding definite, suspected, or simply not well visualized?

Which structure or measurement prompted the recommendation?

Does this finding change pregnancy monitoring or delivery planning?

Should I see maternal-fetal medicine, genetics, or pediatric cardiology?

When will results be reviewed, and who will contact me?

Try not to interpret ultrasound terminology in isolation. A phrase in a report may have a specific technical meaning that differs from how it sounds in everyday language.

Your body in month 5: belly growth, comfort, and common sensations

Alongside baby movement and the scan milestone, your own body is adapting rapidly. The uterus continues to enlarge, the center of gravity shifts, and ligaments stretch. You may notice round ligament pain, lower back discomfort, pelvic pressure, leg cramps, nasal congestion, heartburn, constipation, skin stretching, breast changes, or increased vaginal discharge. Many of these can be common in the second trimester, but severity, context, and associated symptoms matter.

Belly size varies widely. It is influenced by uterine position, abdominal wall tone, prior pregnancies, fetal position, amniotic fluid, placental location, and individual anatomy. A smaller or larger-looking belly does not automatically indicate a problem. Clinicians typically assess growth using fundal height later in pregnancy and ultrasound measurements when medically indicated.

Gentle movement, hydration, posture adjustments, supportive clothing, and rest may help some discomforts, but avoid starting new supplements, medications, or intensive exercise routines without checking with your healthcare professional. If pain is severe, one-sided, persistent, associated with fever, bleeding, contractions, urinary symptoms, dizziness, or fluid leakage, contact your care team promptly.

Emotional preparation for the scan and first movements

Month 5 can carry a lot of emotional weight. Feeling movement may be joyful for one person and anxiety-provoking for another. The anatomy scan may bring relief, but waiting for results can be stressful. If you have had pregnancy loss, infertility treatment, prior fetal anomalies, or a complicated first trimester, this milestone may feel especially charged.

Consider planning practical and emotional support around the scan. Ask whether your clinic allows a support person, whether images or videos are permitted, and how results will be communicated. Some sonographers cannot discuss findings in detail during the exam because images must be reviewed by a radiologist or physician. Knowing that in advance can prevent unnecessary worry if the room feels quiet.

If you receive unexpected news, you do not have to process it all at once. Ask for written information, a clear follow-up plan, and time to speak with the appropriate specialist. Emotional support from a partner, friend, counselor, pregnancy support group, spiritual advisor, or perinatal mental health professional can be part of good medical care.